

Premium Payable Under the Québec Prescription Drug Insurance Plan

Schedule K – F-V (2024-12)	Page



number concepting to your situation in box 449 or your retuint. If you will		nplete this schedule or pay a premium, but you must enter the ay your spouse's premium, complete this schedule.
You were covered throughout the year by basic prescription drug insurance rovided by a group insurance plan (see line 447 in the guide):		You were born before January 1, 1959, you had a spouse throughout 2024 and either:
of which you were a member;	14	 your spouse was born before January 1, 1964 but after December
of which your spouse, your father or your mother was a member.	16	31, 1959, and the amount of net federal supplements on line 148 of
ou received social assistance payments or payments under		your return is more than \$6,760; ¹
he Aim for Employment Program throughout the year.	18	 your spouse was born after December 31, 1964, and the amount of net federal supplements on line 148 of your
Your spouse has provided the required information about you in section 2 of		return is more than \$11,315. ¹
Part B of his or her Schedule K and has chosen to pay your premium if applicable).	20	You did not have a spouse on December 31, 2024 and the
hroughout the year, one of the following applied to you:		amount on line 275 of your return is \$19,500 or less.
the situation described on line 53 below;	22	You were born before January 1, 1959, and situation 33 applied to
the situation described on line 55 below; or	24	you (see line 447 in the guide).
the situation described on line 56 below.	26	You had a spouse on December 31, 2024 and the amount on line 275 of your return plus the amount on line 275 of your spouse's return totals
You were born before January 1, 1959, you did not have a spouse in 2024,	,	\$31,610 or less.
and the amount of net federal supplements on line 148 of your return is more than \$12,221. ¹	27	You were born in 1959 and situation 35 applied to
is more than \$12,221. You were born before January 1, 1959, you had a spouse throughout 2024		you (see line 447 in the guide).
our spouse was also born before January 1, 1959, and the amount of net	·	1 In addition, you did not have to pay for your prescription drugs through
ederal supplements on line 148 of your return is more than \$7,325. ¹	28	 In addition, you did not have to pay for your prescription drugs througho 2024 because of the amount of the Guaranteed Income Supplement (GIS)
A Income used to calculate the premium		received. If your prescription drugs were free for only part of the year, cont
mount from line 275 of your return		36
mount from line 275 of your spouse's return (spouse on December 31, 202	24)	+ 37
dd lines 36 and 37.	_/	= 40
you had a spouse on December 31, 2024, enter \$31,610; otherwise, enter	\$19.50	00. 41
you had a spouse on December 31, 2024, and you had a dependent chi		
see line 447 in the guide for the definition), enter \$4,105 .		
you had more than one dependent child, enter \$7,895 .		+ 42
ut you had a dependent child (see line 447 in the guide for the definition),		
nter \$12,110. If you had more than one dependent child, enter \$16,215.		+ 44
Add line 41 and, as applicable, line 42 or line 44.		= 46 46
Subtract line 46 from line 40. If the result is negative , enter 0.		Income used to calculate the premium $= 48$
n this case, you do not have to pay a premium.		Income used to calculate the premium = 48
B Number of months for which you do not have to p	ay a l	premium
Did own of the following a set is 200010		
Did any of the following apply in 2024?		Month(s)
You If so, check Yes for each applicable situation and check the month	n(s) for	which the situation(s) applied to you
You If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one	ce.	which the situation(s) applied to you
You If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one four were covered by basic prescription drug insurance provided by a group in	ce. nsuranc	which the situation(s) applied to you January e plan (see line 447 in the guide) Yes Februar
You If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one (ou were covered by basic prescription drug insurance provided by a group ir of which you, your spouse, your father or your mother was a member, and this	ce. nsuranc s plan c	which the situation(s) applied to you January we plan (see line 447 in the guide) Yes overed the cost of medications. 50
You If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one fou were covered by basic prescription drug insurance provided by a group in f which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et de	ce. nsuranc s plan c de la Sc	which the situation(s) applied to you January we plan (see line 447 in the guide) Yes overed the cost of medications. 50 plidarité sociale (MESS). 51
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one fou were covered by basic prescription drug insurance provided by a group in f which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et d fou received last-resort financial assistance or payments under the Aim for	ce. nsuranc s plan c de la Sc	which the situation(s) applied to you January we plan (see line 447 in the guide) Yes overed the cost of medications. 50 plidarité sociale (MESS). 51 yment Program or Basic Income Program. 52
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one fou were covered by basic prescription drug insurance provided by a group in f which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et d fou received last-resort financial assistance or payments under the Aim for fou were under 18 and not married.	ce. nsuranc <u>s plan c</u> de la Sc Employ	which the situation(s) applied to you January we plan (see line 447 in the guide) Yes overed the cost of medications. 50 blidarité sociale (MESS). 51 yment Program or Basic Income Program. 52 asis and, at the time, did not have a June
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one fou were covered by basic prescription drug insurance provided by a group in f which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et d fou received last-resort financial assistance or payments under the Aim for fou were under 18 and not married. fou were at least 18 but under 26, attended an educational institution on a full pouse (see line 447 in the guide).	ce. nsuranc s plan c de la Sc Employ I-time ba	which the situation(s) applied to you January which the situation(s) applied to you January we plan (see line 447 in the guide) 50 overed the cost of medications. 50 blidarité sociale (MESS). 51 yment Program or Basic Income Program. 52 asis and, at the time, did not have a 54 bignized as an Inuk 54
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one fou were covered by basic prescription drug insurance provided by a group in f which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et d fou received last-resort financial assistance or payments under the Aim for fou were under 18 and not married. fou were at least 18 but under 26, attended an educational institution on a full pouse (see line 447 in the guide). fou were an Indian registered with Indigenous Services Canada (ISC) or we y that department.	ce. s plan c de la Sc Employ I-time ba	which the situation(s) applied to you January we plan (see line 447 in the guide) Yes overed the cost of medications. 50 blidarité sociale (MESS). 51 yment Program or Basic Income Program. 52 asis and, at the time, did not have a 54 oprized as an Inuk 55
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one fou were covered by basic prescription drug insurance provided by a group in f which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et d fou received last-resort financial assistance or payments under the Aim for fou were under 18 and not married. fou were at least 18 but under 26, attended an educational institution on a full pouse (see line 447 in the guide). fou were an Indian registered with Indigenous Services Canada (ISC) or we y that department.	ce. Insurances plan c de la Sc Employ I-time ba ere recconnection nt or the	which the situation(s) applied to you January we plan (see line 447 in the guide) 50 overed the cost of medications. 50 blidarité sociale (MESS). 51 yment Program or Basic Income Program. 52 asis and, at the time, did not have a 54 oprized as an Inuk 55 a Northeastern Québec Agreement. 56
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than ond fou were covered by basic prescription drug insurance provided by a group in of which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et d fou received last-resort financial assistance or payments under the Aim for fou were under 18 and not married. fou were at least 18 but under 26, attended an educational institution on a full pouse (see line 447 in the guide). fou were an Indian registered with Indigenous Services Canada (ISC) or we y that department. fou were a beneficiary under the James Bay and Northern Québec Agreement fou were in a residential and long-term care centre governed by the <i>Act respe</i>	ce. Insurances plan c de la Soc Employ I-time ba ere recoc int or the ecting he	which the situation(s) applied to you January which the cost of medications. 50 bildarité sociale (MESS). 51 yment Program or Basic Income Program. 52 asis and, at the time, did not have a 54 ognized as an Inuk 55 e Northeastern Québec Agreement. 56 ealth services and social services. 57
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than one fou were covered by basic prescription drug insurance provided by a group in of which you, your spouse, your father or your mother was a member, and this fou held a valid claim slip issued by the Ministère du Travail, de l'Emploi et d fou received last-resort financial assistance or payments under the Aim for fou were under 18 and not married. Fou were at least 18 but under 26, attended an educational institution on a full pouse (see line 447 in the guide). Fou were an Indian registered with Indigenous Services Canada (ISC) or we by that department. Fou were a beneficiary under the James Bay and Northern Québec Agreement fou were in a residential and long-term care centre governed by the <i>Act respe</i> fou had a functional impairment that occured before you turned 18 (see line	ce. Insurances plan c de la Sc Employ I-time ba ere recconnent or the ecting has a 447 in	which the situation(s) applied to you January we plan (see line 447 in the guide) Yes overed the cost of medications. 50 bildarité sociale (MESS). 51 yment Program or Basic Income Program. 52 asis and, at the time, did not have a 54 ognized as an Inuk 55 e Northeastern Québec Agreement. 56 ealth services and social services. 57 the guide). 58
If so, check Yes for each applicable situation and check the month (for at least one day). Do not check the same month more than onto fou were covered by basic prescription drug insurance provided by a group in of which you, your spouse, your father or your mother was a member, and this you held a valid claim slip issued by the Ministère du Travail, de l'Emploi et do you received last-resort financial assistance or payments under the Aim for you were under 18 and not married. You were at least 18 but under 26, attended an educational institution on a full pouse (see line 447 in the guide). You were an Indian registered with Indigenous Services Canada (ISC) or we yo that department. You were in a residential and long-term care centre governed by the <i>Act respe</i>	ce. asurances plan c de la Sc Employ l-time ba ere recc at or the ecting his e 447 in de applid	which the situation(s) applied to you January which the situation(s) applied to you January which the situation(s) applied to you January se plan (see line 447 in the guide) 50 overed the cost of medications. 50 blidarité sociale (MESS). 51 yment Program or Basic Income Program. 52 asis and, at the time, did not have a 54 opgnized as an Inuk 55 e Northeastern Québec Agreement. 56 ealth services and social services. 57 the guide). 58 ed to you. 59

Form prescribed by the President and Chief Executive Officer

								Schedule	K – 1	F-V (2024-12)	Page 2
2 Your spouse In 2024, did any of following apply t If so, check Yes for each applicable situ (for at least one day). Do not check the	uation and check the	e mo	nth(s) for which the	e situ	ation(s) applied	to yo	ur spo	ouse		Month(s)	
Your spouse was covered by basic prescription dru of which you, your spouse, your spouse's father or medications.	your spouse's moth	er w	as a member, and t	his p	lan covered the				64	/es Januar /es Februar March	ary
Your spouse held a valid claim slip issued by the M Your spouse received last-resort financial assistar Your spouse was under 18 and not married at the t Your spouse was at least 18 but under 26, attended	nce or payments un ime.	der	the Aim for Employ	men		e Bas	ic Inc	come Program 6	5 6 7	April April May June	
and, at the time, did not have a spouse (see line 44 Your spouse was an Indian registered with ISC or Your spouse was a beneficiary under the James Ba	7 in the guide). was recognized as	an I	Inuk by that depart	nent		: Agre	eme	nt.	58 59 70	July July Augus Septer	
Your spouse was in a residential and long-term car Your spouse had a functional impairment that occu One of the situations described under "Other situat	rred before he or s	he t	urned 18 (see line	447 i	n the guide).	cial se	ervice		'1 '2 '3	Octob Octob Noven Decen	nber
Number of months checked from January to June 74	+ Number of from J	fmo uly 1	onths checked 75		=			Add boxes 74 an	d 75	5. ► 76	
C Premium payable under the Qu If the amount on line 48 (income used to calculate t • is \$5,000 or less, complete only column A of • is more than \$5,000 but not more than \$14, • is more than \$14,600, enter \$744 on line 84.	he premium): the table correspon	iding	to your situation;			ır situ	atior	1;			
			Individual without	a spo	use on December	31		Individual with	a sp	ouse on Decemb	er 31
			A		В			Α		В	
Amount from line 48 (see the instructions above)		77 78	0 000	00	5 00	0 00		0 00	00	0 50	00 00
Subtract line 78 from line 77.	=	79					=				
	х	80	7.65 %		11.48	<u>%</u>	×	3.84 %	-	5.75	<u>%</u>
Multiply line 79 by line 80.	=	81 82	000	00	38,	2 50	= +	00		0 1	92 00
Add lines 81 and 82 (maximum \$744).	=	83] = [52 00
Amount from line 83 of column A or B , as applicab	le						84				
Amount from line 84	x Number of mor	nths	entered in box 62		÷ 12	_▶	85				
Subtract line 85 from line 84.						_ =	86				
Number of months entered in box 60	x	\$	60.92				87	737	/ 50		
Number of months entered in box 61	x	\$	62.00 +								
Add the results.			=			Ī►	88				
Subtract line 88 from line 87.						=	89			_	
Enter the amount from line 86 or line 89, whichever	is less.					_		Þ	90	ס	
If you wish to pay your spouse's premium, comple	ete lines 91 through	97.									
Amount from line 84						_	91				
Amount from line 91	x Number of mor	nths	entered in box 76		÷ 12	_►	92				
Subtract line 92 from line 91.						=	93				

Number of months entered in box 74	_ x	\$	60.92				94	73	37	50	
Number of months entered in box 75	x	\$	62.00	+							
Add the results.				=			95				
Subtract line 95 from line 94.						=	96				
Enter the amount from line 93 or line 96, whichever is less .									+	97	
Add lines 90 and 97. Carry the result to line 447 of your return.	Premi	um p	ayable und	der the	Québec prescripti	on dr	ug in	surance plan	=	98	

Enclose a copy of this schedule with the documents you submit to Revenu Québec.